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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 9428

<b>SERIAL NUMBER</b> 09/196,680	<b>FILING DATE</b> 11/20/1998 <b>RULE</b>	<b>CLASS</b> 169	<b>GROUP ART UNIT</b> 3752	<b>ATTORNEY DOCKET NO.</b> 052250-5008	
<b>APPLICANTS</b> STEPHEN J. MEYER, MALVERN, PA; GEORGE S. POLAN, PERKIOMENVILLE, PA; JAMES E. GOLINVEAUX, NORTH WALES, PA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/15/1998</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 09629					
<b>TITLE</b> ORDINARY HAZARD EXTENDED COVERAGE SIDEWALL SPRINKLERS AND SYSTEMS					
<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/196,680	11/20/98	169	3752	5903-157

APPLICANT  
STEPHEN J. MEYER, MALVERN, PA; GEORGE S. POLAN, PERKIOMENVILLE, PA;  
JAMES E. GOLINVEAUX, NORTH WALES, PA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

SPO 12/14/99 NONE

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

SPO 12/14/99 NONE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

SPO 12/14/99 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>SPO</u> Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 000570

ORDINARY HAZARD EXTENDED COVERAGE SIDEWALL SPRINKLERS AND SYSTEMS

FILING FEE RECEIVED  \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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